



# Schedule CT-AB

## Alternative Base Calculation

Pass-through entity's Federal Employer Identification Number

# 2018

Complete only if the "Alternative Base" election box is checked on Page 1 of Form CT-1065/CT-1120SI, Connecticut Pass-Through Entity Tax Return. Please note that each form is year specific. To prevent any delay in processing your return, the correct year's form must be submitted to DRS.

### Section 1 - Alternative Base

1. Connecticut Source PE Income/(Loss) from Part I, Schedule B, Line 20, Column D	1. ▶	<input type="text"/>	.00
2. Distributive Share Percentage from Section 3, Line 7, Column C. Enter as a decimal and carry to six decimal places.	2. ▶	<input type="text"/>	
3. Modified Connecticut Source Income/(Loss): Multiply Line 1 by Line 2.	3. ▶	<input type="text"/>	.00
4. Resident Portion of Unsourced Income from Section 2, Line 8	4. ▶	<input type="text"/>	.00
5. Alternative Base: Add Line 3 and Line 4. Enter this amount on Part I, Schedule A, Line 1. (If the PE is part of a combined return, see instructions).	5. ▶	<input type="text"/>	.00

### Section 2 - Resident Portion of Unsourced Income

1. Total PE Income/(Loss) from Part I, Schedule B, Line 20, Column A	1. ▶	<input type="text"/>	.00
2. Connecticut Source PE Income/(Loss) from Part I, Schedule B, Line 20, Column D	2. ▶	<input type="text"/>	.00
3. Connecticut Source PE Income/(Loss) from subsidiary PE(s)	3. ▶	<input type="text"/>	.00
4. Other State Sourced PE Income/(Loss). See instructions.	4. ▶	<input type="text"/>	.00
5. Total subtractions: Add Lines 2 through 4.	5. ▶	<input type="text"/>	.00
6. Net Alternative PE Income: Subtract Line 5 from Line 1. If less than zero, enter zero ("0").	6. ▶	<input type="text"/>	.00
7. Resident Individual Distributive Share Percentage from Section 3, Line 7, Column E. Enter as a decimal and carry to six decimal places.	7. ▶	<input type="text"/>	
8. Total Resident Portion of Unsourced Income: Multiply Line 6 by Line 7. If less than zero, enter zero ("0").	8. ▶	<input type="text"/>	.00



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**Section 3 - Member Information**

	<b>Column A</b> Member #	<b>Column B</b> Member Type	<b>Column C</b> Connecticut Source Income - Distributive Share % (RI, NI, RT, NT, RE, NE and PE)	<b>Column D</b> Prorated Connecticut Modified Source Income/(Loss)	<b>Column E</b> Total Income - Resident Individual Distributive Share % (RI only)	<b>Column F</b> Prorated Resident Portion of Unsourced Income	<b>Column G</b> Total Alternative Base	<b>Column H</b> Alternative Base Tax	<b>Column I</b> PE Tax Credit
1. ▶			.	.00	.	.00	.00	.00 ▶	.00
2. ▶			.	.00	.	.00	.00	.00 ▶	.00
3. ▶			.	.00	.	.00	.00	.00 ▶	.00
4. ▶			.	.00	.	.00	.00	.00 ▶	.00
5. ▶			.	.00	.	.00	.00	.00 ▶	.00
6. Subtotal(s) from supplemental attachment(s)			.	.00	.	.00	.00	.00 ▶	.00
7. <b>Total</b>		▶	.	▶ .00	▶ .	▶ .00	▶ .00	▶ .00	▶ .00

**Only enter the information of the following member types: RI, NI, RT, NT, RE, NE or PE. Do not include any CM members.**

**Combined filers** - Do not complete Column H and Column I.